

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | |
|--|--|---|
| | | Application Number 09/802,797 |
| | | Filing Date 3/9/2001 |
| | | First Named Inventor Jon Marcus Randall |
| | | Group Art Unit 3713 |
| | | Examiner Name SCOTT E JONES |
| Total Number of Pages in This Submission | | Attorney Docket Number MS1-768US |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CD(s) | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-1449 Form; Cited References (11); Return Post Card |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|-------------------------------------|--|
| Firm or Individual Name | Steven R. Sponseller/Reg. No. 39384 | |
| Signature | | |
| Date | January 24, 2005 | |

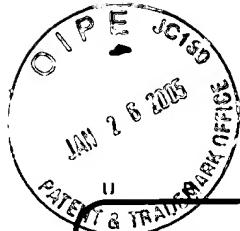
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|--------------|------|---------|
| Typed or printed name | Anna G. Hook | | |
| Signature | | Date | 1-24-05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **180.00**

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 09/802,797 |
| Filing Date | 3/9/2001 |
| First Named Inventor | Jon Marcus Randall |
| Examiner Name | SCOTT E JONES |
| Art Unit | 3713 |
| Attorney Docket No. | MS1 -768US |

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | Small Entity Fee (\$) | Fee (\$) |
|---|--------------|----------|---------------|---------------------------|---------------|-----------------------|----------|
| | | | | Fee (\$) | Fee Paid (\$) | | |
| - 20 or HP = | x 50 | = | | | | 50 | 25 |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | 200 | 100 |
| - 3 or HP = | x 200 | = | | | | 360 | 180 |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____ | - 100 = | / 50 = (round up to a whole number) | x _____ | = _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fee Paid (\$)

180.00

SUBMITTED BY

| | | | |
|-------------------|----------------------|--|--------------------------|
| Signature | | Registration No. 39384 (Attorney/Agent) | Telephone (509) 324-9256 |
| Name (Print/Type) | Steven R. Sponseller | Date <u>1-24-05</u> | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2 Application Serial No.....09/802,797
Filing Date3/9/2001
3 Confirmation No.8294
Inventorship Jon Marcus Randall
4 Applicant Microsoft Corporation
Group Art Unit3713
5 Examiner SCOTT E JONES
Attorney's Docket No. MS1-768US
6 Title: Method and Apparatus for Managing Data in a Gaming System

7 **INFORMATION DISCLOSURE STATEMENT**

8 **References -- See Attached Form PTO-1449**

9 To: Commissioner for Patents
10 PO Box 1450
11 Alexandria, VA 22313-1450

12 From: Steven R. Sponseller (Tel. 509-324-9256; Fax 509-323-8979)
Lee & Hayes, PLLC
13 421 W. Riverside Avenue, Suite 500
14 Spokane, WA 99201

15 The attached form PTO-1449 is submitted in compliance with Applicant's duty of
16 disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of
17 official record in this application.

18 The Commissioner is hereby authorized to charge payment of fees or credit
19 overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).
20

21 Dated: 1-24-05

22 By: 
23 Steven R. Sponseller
24 Reg. No. 39384
25



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PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 2 Attorney Docket Number

Complete if Known

| | |
|------------------------|--------------------|
| Application Number | 09/802,797 |
| Filing Date | 3/9/2001 |
| First Named Inventor | Jon Marcus Randall |
| Art Unit | 3713 |
| Examiner Name | SCOTT E JONES |
| Attorney Docket Number | MS1-768US |

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

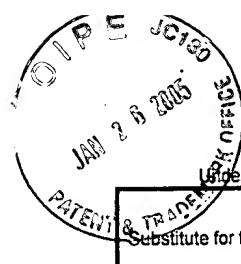
| FOREIGN PATENT DOCUMENTS | | | | | | |
|--------------------------------|-----------------------|---|--------------------------------|--|---|----------------|
| Examiner Initials ¹ | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁸ |
| | | Country Code ³ -Number ⁴ -Kind Code ⁵ (if known) | | | | |
| | | EP 0 809 214 | 11-26-97 | Sega LTD. | | |
| | | EP 0 998 966 | 05-10-00 | STD LTD. | | |
| | | FR 2 743 434 | 07-11-97 | Collet Olivier | | |
| | | | | | | |
| | | | | | | |

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

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| | | | | |
|--|---|--------------------|------------------------|------------|
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | | |
|  Substitute for form 1449/PTO | | | | |
| Complete if Known | | | | |
| Application Number | | 09/802,797 | | |
| Filing Date | | 3/9/2001 | | |
| First Named Inventor | | Jon Marcus Randall | | |
| Group Art Unit | | 3713 | | |
| Examiner Name | | SCOTT E JONES | | |
| Sheet | 2 | of | 2 | |
| | | | Attorney Docket Number | MS1.0768US |

NON PATENT LITERATURE DOCUMENTS

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.